

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10020004

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2		1				
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TOTAL IND.	11	↓		↓		↓
TOTAL DEP.	91	↔		↔		↔
TOTAL CLAIMS	102					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		■		■		■
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS